



1925-2025
Legacy. Impact. Possibilities.

September 27, 2025

Juliet Charron
Deputy Director
Division of Medicaid
Idaho Department of Health and Welfare
Post Office Box 83720
Boise, ID 83720-0009

RE: Medicaid Provider Rate Adjustment

Dear Deputy Director Charron:

On behalf of the American Speech-Language-Hearing Association (ASHA) and the Idaho Speech-Language-Hearing Association (ISHA), we write to express serious concern about the proposal to cut payment rates for Idaho Medicaid providers, especially during Idaho's transition to managed care payment structures for our providers. Audiologists and speech-language pathologists (SLPs) play a vital role in ensuring access to hearing, speech, language, and swallowing services for Idaho's Medicaid beneficiaries. Reducing payment rates will jeopardize access to medically necessary care for some of Idaho's most vulnerable populations.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; SLPs; speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students. There are more than 1,100 ASHA members in Idaho. ISHA is the nonprofit professional advocacy organization comprised of audiologists and SLPs in the state of Idaho.

Audiologists are health care professionals who use technology, creative problem solving, and social skills to identify and treat hearing, balance, tinnitus, and other auditory disorders.¹ SLPs work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults.²

Idaho Medicaid already pays significantly less than Medicare and commercial insurance plans for the same services for similarly situated patients. Although these rates are based on a formula calculation in the Medicaid state plan, the outcome is clear: providers are being paid substantially less for delivering the same services to Medicaid beneficiaries than to patients with Medicare or commercial insurance.

For example, for Current Procedural Terminology (CPT®) code 92507—the main therapy code used by SLPs—Medicare pays \$71.57, while Idaho Medicaid pays only \$64.41.^{3,4} Commercial insurance rates vary by contract, but typically reimburse above Medicare rates, further widening the gap.⁵ This disparity places Idaho Medicaid providers at a competitive disadvantage, making it increasingly difficult to sustain practices that serve Medicaid beneficiaries.

Medicaid patients already face significant barriers finding in-network providers than commercial insurance patients.⁶ There are many reasons for these barriers, but they typically include Medicaid's higher administrative or paperwork burden, prior authorization requirements, and,

most saliently, lower reimbursement rates, as causes for lower access.⁷ Research confirms that higher provider payment ensures fewer health disparities. A \$10 increase in provider reimbursement rates has a noticeable effect: more beneficiaries are able to see their providers and report being in good health.⁸

The relationship between payment and outcomes is particularly critical for specialists such as audiologists and SLPs. Unlike primary care and OB-GYN providers, specialists like audiologists and SLPs are not typically included in the time and distance standards that the Centers for Medicare & Medicaid Services (CMS) requires for Medicaid agencies to apply.⁹ As a result, payment adequacy is one of the few effective options to ensure access to these essential services.

Results from a November 2024 ISHA member survey solidly confirmed past assumptions of provider behaviors with Medicaid payment. Because of low reimbursement rates, providers are already struggling to keep their doors open. In their responses, Idaho audiologists and SLPs cited serious reimbursement insufficiency to cover the cost of services, deliver treatment consistent with best practice, and provide equitable services in the community. The audiology and speech-language pathology provider network in Idaho is already strained due to inadequate payment rates; any further reductions will only exacerbate this shortage and threaten access to care.

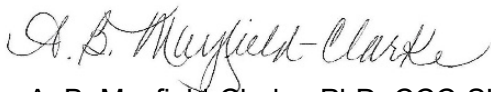
Audiologists and SLPs provide services across the lifespan, but many private practices are dedicated to children covered under the Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit. EPSDT ensures that all Medicaid-enrolled children under the age of 21 receive the medically necessary services they need to grow, learn, and contribute to society. Reducing payment rates will reduce the number of providers willing or able to participate, making it increasingly difficult for Idaho Medicaid to meet this federal coverage requirement.

ASHA and ISHA strongly urge you to reconsider the Medicaid provider rate adjustment.

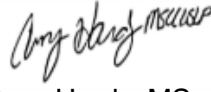
Though your information release cites the skyrocketing cost of health care, know that the costs are even worse when beneficiaries cannot access the care they need to participate in their own lives. Audiology and speech-language pathology services save money.^{10,11} If there are fewer providers in network, the supply of these critical services will suffer.

Thank you for considering this information. If you or your staff have any questions, please contact Caroline Bergner, ASHA's director of health care policy for Medicaid, at cbergner@asha.org.

Sincerely,



A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President



Amy Hardy, MS, CCC-SLP
2025 ISHA President

¹ American Speech-Language-Hearing Association. (n.d.). *Audiologist Roles and Responsibilities*. <https://www.asha.org/students/audiologist-roles-and-responsibilities/>

² American Speech-Language-Hearing Association. (n.d.). *Speech-Language Pathologists*. <https://www.asha.org/students/speech-language-pathologists/>

³ Centers for Medicare & Medicaid Services. (n.d.). *Medicare physician fee schedule search: CPT code 92507*. <https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=2&H1=92507&C=34&M=5>

⁴ Idaho Department of Health and Welfare. (July–September 2025). *Fee schedule*. <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=33999&dbid=0&repo=PUBLIC-DOCUMENTS>

⁵ Cubanski, J., Neuman, T., Damico, A., & Smith, K. (April 2019). *How much more than Medicare do private insurers pay? A review of the literature*. KFF. <https://www.kff.org/medicare/how-much-more-than-medicare-do-private-insurers-pay-a-review-of-the-literature/>

⁶ Polsky, D., Richards, M., Basseyn, S., Wissoker, D., Kenney, G. M., Zuckerman, S., & Rhodes, K. V. (2019). Medicaid's Low Pay for Doctors Makes it Hard For Patients to Find Care *Health Services Research*, 54(6), 1381–1399

⁷ Percheski, C. (May 2021). *Medicaid's low pay for doctors makes finding care hard*. Penn LDI. <https://ldi.upenn.edu/our-work/research-updates/medicaids-low-pay-for-doctors-makes-it-hard-to-find-care/>

⁸ Clemens, J., & Gottlieb, J. D. (2014). The impacts of physician payments on patient access, use, and health. *American Economic Review*, 104(5), 312–318. <https://doi.org/10.1257/aer.104.5.312>

⁹ Oberlander, J. (2024, May 15). Reconsidering and measuring patient access in Medicaid. *JAMA Health Forum*. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2818252>

¹⁰ Law, J., Rush, R., Anandan, C., Cox, M., Wood, R., & Roulstone, S. (2015). Economic evaluation of speech and language therapist-led intervention. *Evidence-based intervention for preschool children with primary speech and language impairments: Child Talk – an exploratory mixed-methods study* (pp. 141–170). NIHR Journals Library. <https://www.ncbi.nlm.nih.gov/books/NBK311176/>

¹¹ University of Miami Miller School of Medicine. (2024, October 18). *The monetary value of early cochlear implantation*. InventUM. <https://news.med.miami.edu/cost-of-hearing-loss-and-cochlear-implants/>